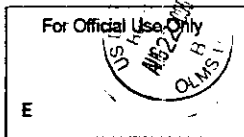


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10498</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>WAYNE C MYERS</u> P.O. Box, Bldg., Room No., if any Street <u>59 ACHATES</u> City <u>FLORENCE</u> State <u>KY</u> ZIP Code + 4 <u>41042</u>	4. Name, file number, and address of labor organization. Name <u>F.B.E.W. LOCAL UNION 212</u> Labor Organization File Number <u>011-118</u> P.O. Box, Building and Room Number, if any <u>SUITE 101</u> Street <u>1216 E. M^SMILLAN ST.</u> City <u>CINCINNATI</u> State <u>OHIO</u> ZIP Code + 4 <u>45206</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Wayne C Myers</u>	On <u>8/12/05</u> Date	<u>859-525-8183</u> Telephone Number

Name of Person Filing WAYNE C. MYERS	File Number U-
---------------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **L.U. 212 I.B.E.W. BENEFIT OFFICE**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **SUITE 204**

Street **1216 E. McMILLAN ST.**

City **CINCINNATI**

State **OHIO** ZIP Code + 4 **45206**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **I.B.E.W. LOCAL #212 PENSION PLAN**

Trade Name, if any: **PENSION**

P.O. Box, Bldg., Room No., if any **SUITE 204**

Street **1216 E. McMILLAN ST.**

City **CINCINNATI**

State **OHIO** ZIP Code + 4 **45206**

11.a. Nature of such dealing.

REIMBURSEMENT OF TRUSTEE EXPENSES

LOST-TIME WAGES

11.b. Approximate dollar value of such dealing.

4,134.64

12.a. Nature of interest held or income received.

IN PERFORMANCE OF TRUSTEE DUTIES

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

L.U. NO. 212 I.B.E.W. BENEFIT OFFICE

1216 EAST MCMILLAN STREET, SUITE 204

CINCINNATI, OHIO 45206

(513) 861-4800

(H&W) Local No. 212 IBEW Health and Welfare Benefit Plan

(Pension) International Brotherhood of Electrical Workers Local Union No. 212 Pension Plan

(SUB) IBEW Local No. 212 Supplemental Unemployment Benefit Plan

Wayne C. Myers

59 Achates

Florence, KY 41042

EXPENSES ASSOCIATED WITH 2004 CONFERENCE - INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS

<u>Date of Check</u>	<u>Fund</u>	<u>Check #</u>	<u>Amount</u>
7/21/2004	Pension	27016	\$300.00
9/2/2004	Pension	27077	\$1,001.00
9/9/2004	Pension	27090	\$749.00
<u>Total</u>			<u>\$2,050.00</u>

LOST TIME WAGES

<u>Date of Check</u>	<u>Fund</u>	<u>Check #</u>	<u>Hours</u>	<u>Gross</u>	<u>FICA</u>	<u>Federal</u>	<u>State</u>	<u>City</u>	<u>Net</u>
1/23/2004	Pension	3327	10	\$242.40	\$18.54	\$21.94	\$9.95	\$5.09	\$186.88
2/6/2004	Pension	3345	8	\$193.92	\$14.83	\$14.67	\$7.04	\$4.07	\$153.31
3/26/2004	Pension	3405	6	\$145.44	\$11.13	\$9.45	\$4.34	\$3.05	\$117.47
5/21/2004	Pension	3473	6	\$145.44	\$11.13	\$9.45	\$4.34	\$3.05	\$117.47
7/30/2004	Pension	3567	6	\$145.44	\$11.13	\$9.45	\$4.34	\$3.05	\$117.47
10/29/2004	Pension	3680	6	\$145.44	\$11.13	\$9.45	\$4.34	\$3.05	\$117.47
12/17/2004	Pension	3735	44	\$1,066.56	\$81.60	\$192.99	\$59.40	\$22.40	\$710.17
<u>Total</u>			<u>86</u>	<u>\$2,084.64</u>	<u>\$159.49</u>	<u>\$267.40</u>	<u>\$93.75</u>	<u>\$43.76</u>	<u>\$1,520.24</u>

LM-10 and LM-30 Disclosure
Statement

1/1/2004 - 12/31/2004